

MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10822387

FILING DATE 4-12-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
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TOTAL IND.	1					
TOTAL DEP.	19	←	←	←		
TOTAL CLAIMS	20	████████	████████	████████	████████	████████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		████████	████████	████████	████████	████████